

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No. #3-Jan.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4830 Fyler Ave.			d. STREET ADDRESS (If rural, give location) 15 4830 Fyler Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) C. c. (Last) WHITE.			4. DATE OF DEATH (Month) (Day) (Year) 1 1 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widow	8. DATE OF BIRTH Oct. 14, 1872		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hillsboro, Ill.	
13a. FATHER'S NAME William Reckert		13b. MOTHER'S MAIDEN NAME Mary Krautz		14. NAME OF HUSBAND OR WIFE Late Wm. J. White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Berthe N. White 4830 Fyler Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (b) (Rt. brain lesion) - 12 24 hours (c) 371 1002 II. OTHER SIGNIFICANT CONDITIONS Cardiovascular heart disease with hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 24 hours 4-5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10/46 to 1-1-49, that I last saw the deceased alive on 1-1-49, and that death occurred at 10:18 a.m., from the causes and on the date stated above.					
23a. SIGNATURE O. C. Springer (M.D.)		23b. ADDRESS 4523 S. Kingshighway		23c. DATE SIGNED 1-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr.)		24b. DATE Jan. 3, 49		24c. NAME OF CEMETERY OR CREMATORY St. Agnes Cemetery	
24d. LOCATION (City, town, or county) Hillsboro		24e. (State) Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway	
DATE REC'D BY LOCAL REG. JAN 2 1949		REGISTRAR'S SIGNATURE J. B. Laster			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.